

oddly enough, prefers to call them. The three types could have been labelled "A," "B," and "C," like the vitamins (and combined lesions would have been represented with engaging simplicity by combinations of these letters); but I thought, and still think, that, after the confusion that has prevailed for so long in the nomenclature of nerve injuries, "neurotmesis," "axonotmesis," and "neurapraxia" were rather better in that they were descriptive and reasonably accurate. It is to be noted that Dr. Walshe, even though he commands "the illimitable resources of our mother tongue," suggests no alternative names to cover all the conditions we are considering.

It is good of him to mention "fibrin suture," for the use of this term shows that one does not use new words just for the fun of the thing, but only when they are needed. "Suture" is a fairly elastic word; anatomists, botanists, and zoologists use it for unions in which stitches play no part, and the significance of stitches in the surgical definition is no more than an indication that until recent times stitches were the only available means of joining sundered tissues. Its use in "fibrin suture" is as plain as a pikestaff; one does with a fibrin clot what is usually done with stitches, so why invent a new word? As for being a terminological purist—I can make so such claim; for one thing, I never learned Greek. But like those who invented the words "telephone," "microphone," "megaphone," and "loud-speaker," I want a name for a thing, and surely it is no offence if the term happens to be etymologically correct.

If Dr. Walshe reads again Weir Mitchell's case records he will find descriptions of all three basic types of nerve injury, but Weir Mitchell was denied the facilities we enjoy for direct examination of damaged nerves and he never essayed an unequivocal classification or gave names to the lesions. However, he did describe a striking clinical phenomenon and, Dr. Walshe not being there to stop him, called it by a Greek name, "causalgia." Weir Mitchell is remembered chiefly for this, and perhaps his work on ordinary nerve injuries would be better known had he made the classification that was almost within his grasp and christened the three types. It might have prevented the lamentable confusion that followed.

It is never too late to mend, and here is a classification which I believe to be fairly accurate and is undoubtedly useful; Dr. Walshe assails it only because the nomenclature is Greek, a language to which he is notoriously allergic. I am quite unrepentant, and am encouraged to be so by his choice of badinage rather than reason as his weapon.—I am, etc.,

Wingfield-Morris Orthopaedic Hospital, Oxford.

H. J. SEDDON.

### Working for a Salary

SIR.—Dr. H. G. Calwell (Oct. 17, p. 464), in his disagreement with Sir Beckwith Whitehouse's statement, quotes a series of pioneers who have achieved notable progress in spite of working for a fixed salary. A striking similarity in all the examples quoted by Dr. Calwell is that they were working in tropical diseases, presumably in places far from the distractions of civilization as found in our large cities, and that they were mostly no ordinary men, but of a type calculated to "come out strong" in any circumstances, so that I maintain that they provide the exceptions to Sir Beckwith Whitehouse's rule, and do not disprove it, as a series of examples from our public health and municipal hospital services might have done.

In my own experience of municipal hospital work in two big cities I have both felt the onset of mental sloth and stultification of effort indicated by Sir B. Whitehouse, and have seen men of promise enter the service and noted their deterioration into routine workers of mediocre performance and excessive outside interests. Observing this tendency in myself I hastily abandoned the security of a salary of fixed limits, a pension, and a "dead-end" job, and returned to voluntary hospital work, amid the derision of my late colleagues. It required an effort, which has since proved well worth the making, since I have just acquired an appointment in my specialty with facilities for teaching and research which I should not have obtained had I remained in the municipal service. The vast majority of us are all too easily influenced by environment, and should, therefore, seek out that which stimulates our efforts, which in most cases will not be found in the fixed-salary positions.—I am, etc.,

Preston.

UNA M. WESTELL.

### The Profession and the Services

SIR.—One feature of the "calling-up" of medical men for the Services, which has, as yet, excited little or no comment, is that affecting the voluntary hospitals. Many young surgeons working in these institutions have now been called up. I do not know the actual numbers involved, but in one hospital I know of four out of a staff of five general surgeons are now in the Services, and so far as one can judge their surgical work there is not, to put it mildly, arduous.

It would not appear that such a system is in the best interests of either the surgeons, their future patients, or the general public. As a team surgeon in the last war, I have a very lively recollection of the fine organization in the R.A.M.C. of that time, when mobile surgical teams were formed, each consisting of a surgeon, an anaesthetist, a theatre sister, and two R.A.M.C. orderlies. These teams continued work at their own hospitals and became familiar with each other's methods, etc., and were ready to proceed to any "sector" of the front where and when their services were required.

The advantages of such an organization are so obvious that one wonders why it should not have been applied, in principle at least, to the present situation.—I am, etc.,

GEORGE McMULLAN.

### Medical Planning Now

SIR.—I have just read Mr. H. J. McCurrich's letter (Oct. 24, p. 498). No sensible man has any illusions about politicians, but up to now it would seem that a great many of our profession have not realized and do not realize the urgent need for the doctors to go ahead with their plans now. They have not realized that there is no choice between the present state of affairs and State medical services: the latter are already here. One has only to see the large number of well-equipped new county hospitals which have sprung up in the last few years, and the large number of county medical officers and clinics. No, the only choice we have is this: are the politicians going to run the medical services or are the medical profession? We should begin now to find men, medically qualified, to be trained in administrative work. Doctors are the only people who can understand doctors' problems, but they should be properly trained. It is no good putting a man into an administrative post merely because he thinks he would like to "have a stab at administrative work" and feels that is his *métier*.

The medical profession seem to have forgotten the lesson they should have learned when National Health Insurance was first brought in. I sincerely hope that there will be a great many more McCurrichs to see where the real question lies and what the real danger is.—I am, etc.,

Ledbury.

GEOFFREY G. AIREY.

## The Services

The King has made the following awards in recognition of gallant and distinguished services in Burma during the period Dec., 1941, to May, 1942:

*C.B.E. (Military Division)*: Temp. Brigadier T. O. Thompson, late R.A.M.C.

*O.B.E. (Military Division)*: Lieut.-Col. F. Oppenheimer, I.M.S.

*D.S.O.*: Temp. Col. G. E. MacAlevey, M.C., R.A.M.C., Capt. C. W. Elphick, R.A.M.C.

*M.C.*: Capt. H. O'Hara, R.A.M.C.

*Mentions in Dispatches*: Acting Col. J. Taylor, O.B.E., Major (Acting Lieut.-Col.) W. F. Lane, Major S. O. Bramwell, Capt. (Temp. Major) A. J. Martin, Capt. (Acting Major) M. S. Holman, and Capt. O. W. W. Clarke, P. W. Dill-Russell, A. P. Hick, R.A.M.C.; Acting Col. G. M. Moffatt, O.B.E., Majors (Temp. Lieut.-Cols.) C. S. Gamble and H. B. Ma-Evoy, Majors (Acting Lieut.-Cols.) A. E. Kingston and P. L. O'Neill, Major D. F. Eastcott, Capt. N. Ahmad, N. K. Mitra, and S. M. Basu, and Lieuts. A. Krishaswamy, G. M. Diwan, and R. S. Rao, I.M.S.; Assistant Surgeons F. J. Burby, C. E. Watts, and D. J. R. Snow, I.M.D.; Capt. S. M. Paw and Lieut. M. Nag, Burma Reserve of Officers.

### CASUALTIES IN THE MEDICAL SERVICES

*Wounded*.—Acting Lieut.-Col. A. W. Gardner, R.A.M.C., Capt. N. J. P. Hewlings, R.A.M.C., War Subs. Capt. T. A. Shannon, R.A.M.C.

*Prisoners of War*.—Major L. Feinholz, I.M.S., Acting Lieut.-Col. M. R. Sinclair, O.B.E., I.M.S.

*Missing*.—Assistant Surg. A. R. Coshan, I.M.D.